DMV-IV-UDC (08/2020)

West Virginia Department of Transportation

## **Division of Motor Vehicles**

## **Unlicensed Dealer Complaint**



Investigations, Security, & Support Services PO Box 17400 Charleston, WV 25317

> DMVInvestigations@wv.gov 1-800-642-9066 | dmv.wv.gov

PERSON MAKING COMPLAINT								
NAME (First, Mid	dle Initial, and Las	st)						
STREET ADDRESS	5							
CITY							STATE	ZIP
HOME PHONE			CELL PHONE	CELL PHONE			EMAIL	
SUBJEC	T OF CON	MPLAINT						
SUBJECT'S NAME	(First and Last)		PHONE					
STREET ADDRESS	STREET ADDRESS							
СІТУ			STATE COUN		COUNTY		ZIP	
ADDRESS OF ALLEGED ACTIVITY (If Known)								
CITY							STATE	ZIP
WHAT TIME OF DAY IS THE ALLEGED ACTIVITY CONDUCTED? (If Known)								
VEHICL	E INFORN	MATION						
YEAR	MAKE	MODEL	DATE OF PURCHASE	MILEAGE	PLA	ΓE #	V.I.N.	
YEAR	MAKE	MODEL	DATE OF PURCHASE	MILEAGE	PLA	ΓΕ #	V.I.N.	
YEAR	MAKE	MODEL	DATE OF PURCHASE	MILEAGE	PLA	ΓE #	V.I.N.	
YEAR	MAKE	MODEL	DATE OF PURCHASE	MILEAGE	PLA	ΓE #	V.I.N.	
YEAR	MAKE	MODEL	DATE OF PURCHASE	MILEAGE	PLA	ΓΕ #	V.I.N.	
YEAR	MAKE	MODEL	DATE OF PURCHASE	MILEAGE	PLA	ΓE #	V.I.N.	
HOW DID YOU	J LEARN OF THE	VEHICLE(S) FOR SALE?	,					

STATEMENT OF COMPLAINT	
Please give a detailed statement in the space below explaining your complaint. Attac copies of any documents related to the complaint, e.g. bill of sale/purchase order, co	ch additional pages if necessary. Also, please attach ntract, receipts, canceled checks, photos, etc.
SIGNATURE	
certify under penalty of perjury that the information contained herein is true and co	rrect to the best of my knowledge, information, and belief
(X) SIGNATURE	DATE